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Florida Department of State  
Division of Corporations  
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FLORIDA PROFIT/NON PROFIT CORPORATION  
PEDRE REMODELING COMPANY

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ARTICLES OF INCORPORATION  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME  
The name of the corporation shall be: PEDRE REMODELING COMPANY

ARTICLE II PRINCIPAL OFFICE  
Principal street address: 34 NW 24 CT  
Mailing address, if different is: 34 NW 24 CT  
MIAMI, FL 33125 MIAMI, FL 33125

ARTICLE III PURPOSE  
The purpose for which the corporation is organized is: ANY AND LAWFUL BUSINESS

ARTICLE IV SHARES  
The number of shares of stock is: 500 @ \$1.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ISMARYS RUIZ (P/S/D) Name and Title: \_\_\_\_\_  
Address: 34 NW 24 CT Address: \_\_\_\_\_  
MIAMI, FL 33125 \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
 Address: \_\_\_\_\_ Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: ISMARYS RUIZ  
 Address: 34 NW 24 CT  
 MIAMI, FL 33125

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: ISMARYS RUIZ  
 Address: 34 NW 24 CT  
 MIAMI, FL 33125

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 01/01/2020 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity:*

\_\_\_\_\_  
 Required Signature/Registered Agent 12/11/2019  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

\_\_\_\_\_  
 Required Signature/Incorporator 12/11/2019  
Date